

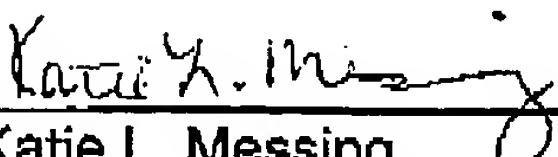
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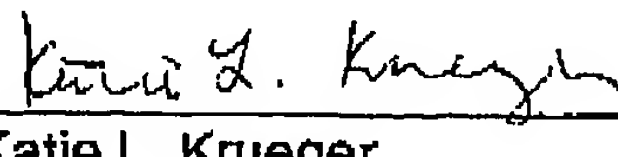
I, Katie L. Krueger, being duly sworn, on oath depose:

1. Katie L. Messing is my maiden name.
2. I am a named inventor, as Katie L. Messing, in each of the following patent applications at the U.S. Patent and Trademark Office:

<i>Serial Number</i>	<i>Filing Date</i>	<i>Title</i>	<i>Attorney Docket No.</i>
09/896,730	06-28-01	CATHETER WITH AN IRRIGATED COMPOSITE TIP ELECTRODE	259/159
09/903,111	07-09-01	TWO-PIECE DISTAL CATHETER ASSEMBLY	264/119
09/903,112	07-09-01	DISTAL CATHETER ASSEMBLY WITH PROXIMAL MOUNTING MEMBER	259/158
09/903,402	07-09-01	CLAMSHELL DISTAL CATHETER ASSEMBLY	264/120
09/935,380	08-22-01	TWO-PIECE SENSOR ASSEMBLY	262/206
10/098,661	03-15-02	MEDICAL DEVICE CONTROL SYSTEMS	261/181
10/625,194	07-23-03	IRRIGATION SHEATH	260/048CON
10/641,776	08-22-03	CATHETER WITH AN IRRIGATED COMPOSITE TIP ELECTRODE	259/159CON

3. On July 13, 2002, I married Brett A. Krueger in East Lansing, Michigan.
4. Upon my marriage to Brett A. Krueger, I have officially changed my name to Katie L. Krueger with the U.S. Social Security Administration.
5. I desire to change my name from Katie L. Messing to Katie L. Krueger in the above-identified patent applications.


Katie L. Messing

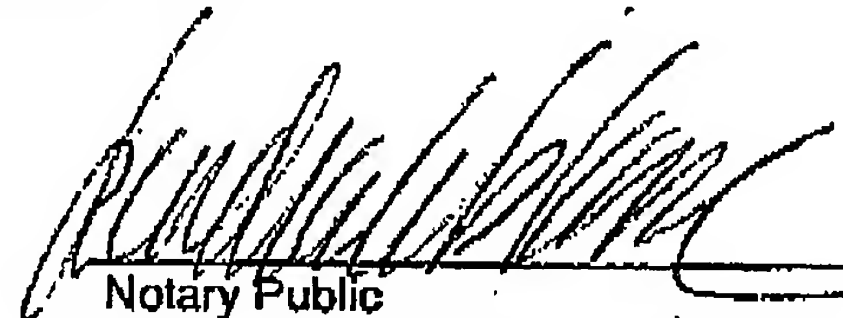

Katie L. Krueger

PA:52120786.1/2024729-2247297000

Middlesex STATE OF MA Date: 11/13/03
SS.

Then personally appeared the above-named Kate Kruger, and acknowledged the foregoing instrument to be his or her free act and deed,

Before me,


Notary Public
My Commission Expires: 11/3/06

CERTIFICATION OF INGHAM COUNTY VITAL RECORD

06/21/2002

JUL 17 2002

DATE CERTIFICATE FILED



Marriage License

State of Michigan

STATE FILE NO. MZ007-0945

LOCAL FILE NO.

8385783

To any person legally authorized to solemnize marriage in the State of Michigan,
 Marriage must be solemnized *in the State of Michigan* on or before _____ DATE

BRETT ALAN KRUEGER

between KATIE LARA MESSING

FULL NAME OF MALE (FIRST, MIDDLE, LAST)

FULL NAME OF FEMALE (FIRST, MIDDLE, LAST)

28

08/06/1973

PRESENT AGE

DATE OF BIRTH

1302 THE ALAMEDA #109

27

11/21/1974

PRESENT AGE

DATE OF BIRTH

1302 THE ALAMEDA #109

RESIDENCE NO.

SAN JOSE CA 95126

STREET

RESIDENCE NO.

SAN JOSE CA 95126

STREET

CITY, STATE, AND ZIP CODE
SANTA CLARA 0CITY, STATE, AND ZIP CODE
SANTA CLARA 0RESIDENCE COUNTY
WINFIELD, IL

NUMBER OF TIMES PREVIOUSLY MARRIED

RESIDENCE COUNTY
LANSING, MI

NUMBER OF TIMES PREVIOUSLY MARRIED

BIRTHPLACE - CITY AND STATE
THOMAS ALFRED KRUEGERBIRTHPLACE - CITY AND STATE
HARVEY JOHN MESSINGFATHER'S FULL NAME
PHYLLIS ANNE KATKONENFATHER'S FULL NAME
ELAINE KAY OBERSKIMOTHER'S FULL NAME BEFORE FIRST MARRIED
ILLINOIS

MINNESOTA

MOTHER'S FULL NAME BEFORE FIRST MARRIED
MICHIGAN

MICHIGAN

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

An affidavit has been filed in this office by which it appears that said statements are true. This marriage license authorizes the marriage of the parties named above within the State of Michigan by any person authorized to perform a marriage ceremony under the laws of the State of Michigan.

In witness whereof

I have signed and sealed these presents, this 24th day of June 2002

MIKE BRYANTON

INGHAM

COUNTY CLERK

COUNTY

DEPUTY CLERK

Certificate of Marriage

BRETT ALAN KRUEGER

KATIE LARA MESSING

Between Mr.

and M

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in

marriage by me, in East Lansing, city, village, or township, county of Ingham, MICHIGAN,

on the 13th day of July, A.D. 20 02, in the presence of

Brad D. Krueger
 SIGNATURE OF WITNESS

Brad D. Krueger
 NAME OF WITNESS (TYPE OR PRINT)

Rev. David W. Higgins
 SIGNATURE OF MAGISTRATE OR CLERGY

Rev. David W. Higgins
 NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

Anne E. Messing
 SIGNATURE OF WITNESS

Anne E. Messing
 NAME OF WITNESS (TYPE OR PRINT)

Rev. David W. Higgins Catholic Priest
 NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

955 Alton RD East Lansing, MI 48823
 POST OFFICE ADDRESS OF MAGISTRATE OR CLERGY

See reverse side for certification.

This copy to be returned